IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Daniel L. Poole et al.)

Application No.:)

Filed: HEREWITH)

Title: SELF ADJUSTING GROOVED)
PLIERS



CERTIFICATE OF EXPRESS MAIL

MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

"Express Mail" mailing label number: EV331820468US

Date of Deposit 01 August 2003

Dear Sir:

I hereby certify that the attached Application Transmittal Form; Declaration and Power of Attorney, executed; Information Disclosure Statement; Information Disclosure Citation; Application: Specification, fourteen (14) pages, Claims, six (6) pages, Abstract one (1) page; six (6) sheets informal drawings and one (1) copies of same; check for appropriate fees; and a postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, Mail Stop PATENT APPLICATION on 01 August 2003.

Signature

PARSONS & GOLTRY 340 East Palm Lane Suite 260 Phoenix, Arizona 85004

(602) 252-7494

Date TWO 100

Respectfully submitted,

Robert A. Parsons Attorney for Applicant Registration No. 32,713



MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Inventor:	DANIEL	L.	POOLE	;	ROBERT	Ν.	POOLE
Entitled:	SELF AL	JUS	STING	GR	OOVED	PLIE	ERS

	Encl	osed	are	
--	------	------	-----	--

X	21	sheets	of	specification,	claims	and	abstract

X	6	sheet(s)) of	drawings	and	1	copy	οf	same

An Assignment of the invention to:					
------------------------------------	--	--	--	--	--

- X Declaration and Power of Attorney (X) Executed () Unexecuted
- X Applicant is Small Entity
- X Information Disclosure Statement
- Request concerning 18-month publication under 35 U.S.C. 122(b)
- X Also enc.: Information Disclosure Citation and

The filing fee has been calculated as shown below:

(Col. 1) (Col.2)	SMALL ENTITY	LARGE ENTITY
FOR: NO. FILED NO. EXTRA	RATE FEE	RATE FEE
BASIC FEE: 1	$\overline{X375} = \$375$	X750 = 750
TOTAL CLAIMS: 16 - 20 = 0	\overline{X} 9 = \$ or	X 18 = \$
INDEP CLAIMS: 2 - 3 = 0	$\overline{X} 42 = \$$ or	X 84 = \$
MULTIPLE DEPEND CLAIM PRESENTED	$\overline{X140} = \$$ or	X280 = \$
CHECK ENCLOSED:	TOTAL= \$375	TOTAL=\$

 Please charge	the Depo:	sit Accou	nt No.	in	the am	nount of
 \$			 			
 The Commission						
fees which may	y be requ	ired, or	credit any	overpayme	ent to	Deposit
Account No.						
 A duplicate co	py of this	s transmit	tal sheet :	is enclose	ed.	

Respectfully submitted,

Robert A. Parsons, Reg. No. 32,713

8/1/03